



COMPARATIVE ANALYSIS OF PUBLIC POLICY IN MANAGERIALS OF HIV/AIDS PATIENTS BETWEEN AWKA AND ENUGU STATE PRISONS IN NIGERIA

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ABSTRACT

This study is a comparative analysis of the public policy in HIV/AIDS Management among the inmates of two federal prisons in South-East geo-political zone of Nigeria. The design for this study was a case study research design. The population for the study comprised of 3,900 respondents, who are prison inmates. 5% of the population was used as sample, out of which 93 and 95 were inmates of Awka and Enugu prisons respectively. The instrument used for data collection was comparative analysis of the public policy in HIV/AIDS Management in Nigerian prison questionnaire (CAPP). The Chi-Square statistic was used to test the hypothesis. The Nation is bedeviled by myriads of problems in the prison camps across the states. Indeed, such problems span all aspect of inmate's life because of flaws in the policy which fail to address the problem of - overcrowding, physical structure, Torture and Other Ill-Treatment, Separation of and situation for women detainees to mention a few. Over the years, governments, engage its major and potent instrument "policy" to address and solve problems of prisons and other issues that are of public concern by coming up with one reform after another. Despite these efforts of government, the problem still persists. It is against this backdrop that this paper makes a comparative analysis of public policy in the management of HIV/AIDS patients, in other to ascertain the magnitude of compliance to standard and ability to meet the needs of the inmates in Awka and Enugu Prison, South East Nigeria. The paper concluded that there is no difference between the public policy in management of HIV/AIDS patients in Awka and Enugu prisons. Good and beneficial public policies remain a sine-qua-non to good governance, as good and well-implemented policies drive development nationwide. The study recommended that the government should greatly change its approach towards the management of public

policy on HIV/AIDS patients if the policy is to be of any relevance and that the government should increase the participation of non-governmental sectors and civil society organizations in the public policy management implementation so that it can identify and address the need of the infected and the vulnerable in the prisons and in the society in general.

Key words: policy, decision-making, public policy, governance, development, prison, inmates. HIV, AIDS, Nigeria, Enugu, Awka

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1. INTRODUCTION

Public policy is used to address problems of societies and issues that are of public concern. Meir and Bohte (2007) defined policy as a purposive course of action followed by actors or sets of actors usually related with government on a problem or matters of public concern. Ikelegbe (2006) explained policy to mean a course of action or a programme of actions, which is chosen from among several alternatives by certain actors in response to certain problems. Once taken, it guides behaviour, activities and practices and provides a framework for present and future decisions. Policies are formulated by certain actors to achieve certain goals and they consist of certain courses of actions to be taken in certain processes.

Good and beneficial public policies and decision making remain a *sine qua non* to good governance in any nation whose government is serious and focused to address and solve the present and emerging problems of societies. All actors in the policy process need to be alive to their responsibilities of formulating good and beneficial policies. Formulated policies should be faithfully implemented for the good of the generality of the people in a country.

The first national policy towards addressing the HIV/AIDS epidemic was developed in 1997 by the Federal Ministry of Health and designed to limit the spread of HIV and AIDS in the country at a time the epidemic was evolving and the information and knowledge of the epidemic was limited. By 2001, the country enacted a new National Policy on HIV/AIDS and adopted the multi-sectoral approach to her response in order to ensure the full involvement of all sectors of the economy relevant to the control of the HIV epidemic (in planning, implementation and evaluation of the country HIV response). In addition, all sectors were encouraged to develop plans and process frameworks to mitigate the impact of the epidemic.

This current policy review on HIV and AIDS has been a product of extensive participation of all stakeholders and a wide representation from all tiers of society in the spirit of a multisectoral, multidisciplinary approach to prevention and control of HIV. In addition, consultations included the mainstreaming of gender concerns and the needs and rights of vulnerable groups. This policy is an improvement on previous ones and has been the result of evaluation of current position and what the government want to achieve in future halting and reversing the HIV epidemic in Nigeria.

It is very important that the government empower individuals, families, communities and prisoners with the knowledge and ability to protect themselves from infection and provide support for those individuals and families living with or affected by HIV to lead healthy and productive life. Consequently, the researcher intends to evaluate the situation on ground to

ascertain the extent, the said policy meets the need of the inmates in a comparative point of view between Enugu and Awka prisons of Nigeria.

According to Agomoh (2008), after an assessment of the extent of consistency with international standard and its impact on both prison inmates and the institution itself, found out that the Nigeria Prisons was nothing less than a concentration camp where democrats, civil right activists and some social deviants suffered. Nelson (2012) posit that the “prison system in Nigeria is one of the most under developed institutions in the criminal justice sector. The prison environment in Nigeria is more or less breeding ground for the spread of HIV/AIDS due to the aforementioned flaws, they maintained.

Enugu Prison, a maximum prison was built about one hundred and two (102) years back and is one of the oldest prisons in Nigeria. Enugu is the administrative capital of Enugu state, South Eastern Nigeria. The prison is located at the heart of Enugu metropolis, opposite the Enugu (Ogbete) main market, and was originally designed to house 638 inmates. At the time of the study, March - May 2020 the prison houses 1995 inmates, comprising 1938 males and 57 females. Onitsha is the commercial city of Anambra state on the eastern bank of Niger River. The prison originally designed to house 326 inmates now holds 1272 inmates. The inmates of the three prisons are confronted with environmental problem such as overcrowding, poor toilet facilities, lack of Medicare, poor ventilation, lack of portable water, inadequate water facilities, lack of exercise and dirty environment among others. Otuu & Shu (2019). The study intends to evaluate the prisons in aspect of overcrowding, physical structure, Torture and Other Ill-Treatment, Separation of and situation for women detainees.

2. OVERCROWDING IN NIGERIA PRISON

The standards promulgated by the commission on accreditation in corrections services require a single ceiling for maximum security inmates. They provide that all cells or sleeping areas in which inmates are confined contain thirty-five square feet of unencumbered space. Unencumbered space is defined as usable space not occupied by furnishings or fixtures. When confinement exceeds ten hours per day, a situation found in most jails, the standards call for at least eighty square feet of total unencumbered floor space per occupant (American Correctional Association, 1991).

In Nigeria overcrowding is generally called congestion. It constitutes a serious challenge in Nigeria prisons especially in prison located in the metropolitan cities. In such prison's cells in Nigeria, facilities hold as many as twice or thrice their capacity. In such cells there is hardly enough room for prison inmates to move body and limbs freely. In such state each prisoner is allocated a “post” which approximately is a space of a foot and a half 109. In the two studies conducted with mostly male (97%) prisoners in Nigeria, the prevalence of infectious and non-infectious skin conditions among prisoners living in single cells (0.9 m² per person) and dormitories (2.4 m² per person) was significantly different at 61.7% vs 43.2%³⁷ and 82.9% vs 69.7%.³⁷ Oninla, Onayemi, Olasode (2018). Nigerian prisons are severely overcrowded. The Nigerian Prison Service reported 63,142 prisoners in March 2016. Some Nigerian prisons are 200 to 300 per cent over capacity.

Vice President Yemi Osinbajo's lamentation over the deplorable state of the country's prisons. He complained that “there is no room for prisoners and anybody who goes into that place as a human being is coming out as an animal.” The Guardian Nigeria (19 February 2018)

3. STRUCTURE OF PRISONS FACILITIES

A prison is designed to look imposing and threatening with no way of escape. To get beyond the boundaries of these security measures, prisoners are taken into the facility through the main

gate. This leads inside the actual penitentiary where inmates are checked-in and assigned to a particular cell number. Regular renovations and replacement of necessary facility are carried out from time to time as the need arises. Anderson (2019).

The structures of most of the Nigerian prisons are antique and dilapidated, with disastrous sanitary conditions, and without adequate vocational or recreational facilities. These may be related to the fact that most of the prisons were built in the 19th and early 20th centuries. For instance, Onitsha prison was built in 1900, Awka prisons in 1904, Enugu and MPS Oji prisons in 1915. Amnesty International reported that many of them are in need of renovation, as the infrastructure is old, some buildings cannot longer be used and ceilings in some rooms are about to collapse. Amnesty International (2008).

4. TORTURE AND OTHER ILL-TREATMENT

Torture is a grave crime against human dignity, and it can never be accepted. Even in situation of war, emergency or other threats to the stability of a state, torture and ill-treatment are always prohibited. The prohibition of torture is absolute and non derogable at all time. Torture and ill treatment can take many forms: they can be physical or psychological and can result both from intentional acts (threats, beatings rape, etc) and omissions (such as the failure to provide a detainee with food or water). National Policy on HIV/AIDS (2018). Treating a detainee humanely and with respect cannot be dependent on the material resources available in the State party. The state has a positive obligation to adequately secure the physical and psychological integrity and the well-being of all inmates. The responsibilities include a duty of care and the adoption of preventive measures to protect the most vulnerable detainees, as well as to reduce the risk of violence by other inmates.

The National Assembly is yet to pass into law an anti-torture bill, which would criminalise torture. The House of Representatives passed the bill in 2015, which was revised by the Nigeria Law Reform Commission. The bill returned to the Senate and was pending.

Recent Amnesty International research indicate that police and military personnel continue to routinely use torture and other ill-treatment to extract information and “confessions”, and to punish detainees. A wide variety of methods of torture is used by security forces in Nigeria in violation of the absolute prohibition against torture and other ill-treatment. While the federal Constitution prohibits torture, it is not criminalised. Some of the most common ones documented by Amnesty International include beatings, hanging, rape and sexual violence, extraction of teat, suspending detainees by their feet, starvation, forcing detainees to sit on sharp objects etc. (Amnesty International 2014). For example, In February, Nonso Diobu and eight other men were arrested and detained by Special Anti-Robbery Squad (SARS) officers in Awkuzu, Anambra state. They were tortured and all, except Nonso Diobu, died in custody. Nonso Diobu was charged with robbery and released four months after.

5. SEPARATION OF AND SITUATION FOR WOMEN DETAINEES

There are several critical problems faced by women in prison, most are unmet in the prison environment. Such as Separation from children and significant others, lack of substance abuse treatment, physical and mental health care, vocation and educational programs, sexual abuse and desperate disciplinary practices among others. Referring to the relevant recommendation from the previous review, the United Nations country team noted that the Legal Aid Council had been unable to provide free legal representation to those who needed it due to funding and staffing deficiencies. The country team considered that the recommendation had not been implemented. United Nations country team submission, (2018). The Committee on the elimination of discrimination against Women remained concerned at reports that access to

justice for women was often impeded by insufficient budget allocations for legal aid, alleged corruption and stereotyping within the judiciary.

An Amnesty International investigation has exposed sexual violence against children and women by security agents and inmates at -security prison facilities in Nigeria. Amnesty International (2018).

6. RESTRICTION OF MEDICAL CARE

According to WHO, every prison should have medical nursing dental, psychological and pharmacy services, with administrative support. Every prison should have access to an appropriate level of health service at all hours. The level of health care within the walls of prison is often substandard and varies widely across the correctional system.

Nigeria has a high rate of deaths in custody. The majority of deaths relates to health problems, both pre-existing and as a result of detention conditions or treatment. Disease remains a major cause of death in cramped, unsanitary conditions with shortages of medical supplies. DFAT understands officials also assault and, in some cases, torture detainees. Ibrahim Danjuma, Rohaida Nordin & Mohd Munzil Muhamad (2018).

7. STATEMENT OF PROBLEM

While a great number of HIV/AIDS patients leave in the prison detention, prisoners comprise one of the least represented population in National HIV strategies. Prison inmates are at risk of being infected with HIV because they engage in high-risk behaviours such as homosexuality, unprotected sexual intercourse, use of non-sterile contaminated injection equipment and tattooing Gberindyer, Agjecha, Shindi & Useh, (2017).

Prison condition and overcrowding condition prevalent in most of the prisons make room for boredom and inadequate access to health services. This situation poses significant public health concerns with regard to the control of infectious diseases and HIV prevention and care. Tarkang, (2016). Despite the high knowledge of HIV/AIDS among prisoners, studies have shown that there is serious inadequacies in the implementation of HIV/AIDS public policy in Nigeria. Because the policy does not address the needs of the inmate as regards overcrowding, physical structure, Torture and Other Ill-Treatment, Separation of and situation for women detainees and Restriction of Medical care among others.

There appears to be paucity of research on the extent to which the South East Nigeria is affected by the inadequacies in public policy on the management of HIV/AIDS inmates. Some researchers are of the view that disparity exists in the provisions of the policy, while others concluded that the policy is generally applied. Subsequently, the researcher of the present study is determined to make academic contribution aimed at closing this gap.

8. STUDY OBJECTIVE

The main purpose of the study was to make a comparative analysis of public policy in management of HIV/AIDS inmates between Awka and Enugu State prisons in Nigeria. Specifically, the study tried to determine the differences between Enugu and Awka prison in the application of the public policy on HIV/AIDS as regards -overcrowding, physical structure, torture and other ill-treatment, separation of and situation for women detainees and restriction of medical care.

Hypothesis

Ho₁: There is no significant difference between the public policy in HIV/AIDS managements in Awka and Enugu State prisons, South East, Nigeria.

9. RESEARCH METHOD

The design for this study was a case study research design. The study was a comparative analysis of public policy in HIV/AIDS managements between Awka and Enugu State prisons in Nigeria. The population for the study comprised 3,900 respondents, who are prison inmates. 5% of the population was used as sample, out of which 93 and 95 were inmates of Awka and Enugu prisons respectively. The instrument used for data collection was the public policy on HIV/AIDS management in Nigerian prison questionnaire. The questionnaire was a four-point likert scale. Respondents were required to tick (✓) the option that best expresses their views about the statement presented. Values of 4,3,2, and 1 were attached to SA, A, D, and SD, respectively. The Chi-Square statistic was used to test hypotheses. The hypotheses with negative Correlation Coefficient (v) were rejected, while those with positive Correlation (v) were accepted.

10. RESULTS

Hypothesis

H₀₁: There is no significant difference between the public policy in HIV/AIDS managements in Awka and Enugu State prisons, South East, Nigeria.

Table 1 A comparative analysis of public policy on HIV/AIDS managements between Awka and Enugu State prisons in Nigeria.

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Awka and Enugu Prisons * Responses	188	96.9%	6	3.1%	194	100.0%

Table 2 Awka and Enugu Public Policy Processes in HIV/AIDS Management * responses Cross tabulation

			scores				Total
			SD	DA	A	SA	
Awka and Enugu PP in HIV/AIDS Management	Awka	Count	25	16	31	21	93
		Expected Count	24.7	15.8	31.2	21.3	93.0
	Enugu	Count	25	16	32	22	95
		Expected Count	25.3	16.2	31.8	21.7	95.0
Total		Count	50	32	63	43	188
		Expected Count	50.0	32.0	63.0	43.0	188.0

Table 3 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.018 ^a	3	.999
Likelihood Ratio	.018	3	.999
Linear-by-Linear Association	.016	1	.899
N of Valid Cases	188		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.83.

11. DECISION AND CONCLUSIONS

Since the p-value is greater than our chosen significance level ($\alpha = 0.05$), we do not reject the null hypothesis. There is not enough evidence to suggest a difference between the public policy processes in HIV/AIDS management in Awka and Enugu prisons, South East Nigeria.

This was so because: $\chi^2(3) > 0.018, p = 0.999$.

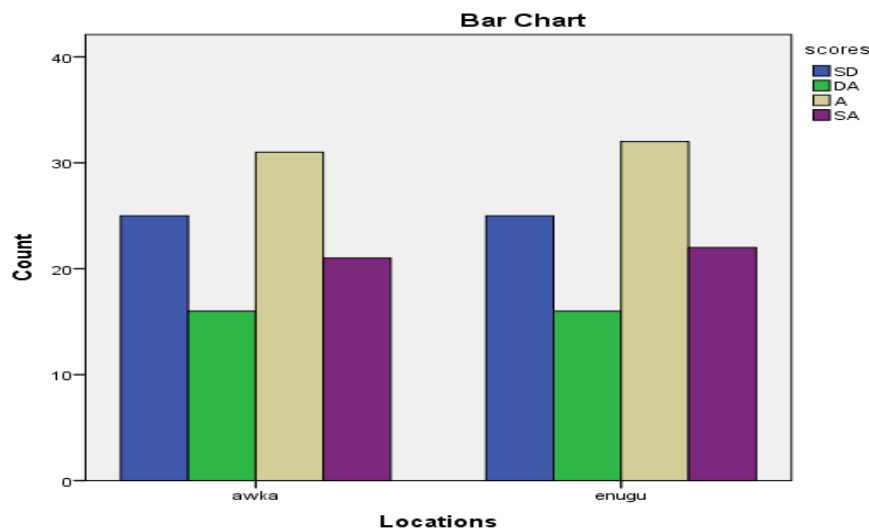


Figure 1

12. FINDINGS

Based on the analysis of data as presented in this study, the following major finding was made:

The public policy for the management of HIV/AIDS patients in Awka and Enugu prisons are similar.

13. DISCUSSIONS OF FINDINGS

The table revealed that the public policy for the management of HIV/AIDS patients in prisons in Awka and Enugu state are similar. This was so because similar conditions are found in the prisons as regards overcrowding, physical structure, torture and other ill-treatment, separation of and situation for women detainees and restriction of medical care among others.

The finding of the present research is in agreement with the findings of Human Rights Watch (2003) and Amnesty International (2014 and 2016). These nongovernmental organizations found out that Nigeria has a high rate of deaths in custody. This they said is chiefly attributed to poor environment, unsanitary conditions with shortages of medical supplies, and gender inequalities among other anomalies in the detention camps. They also found out that official's assault and, in some cases, torture detainees in prisons around the country. This finding is contrary to the stand of the federal government, that it has provided for and actualize this policy which was developed simultaneously and costed at the centre, in all the states to meet all the needs of the infected and vulnerable in the society. National policy on HIV/AIDS (2009).

14. CONCLUSION

The study concluded that the public policy in management of HIV/AIDS inmates in South East, Nigeria is the same in compliance to standard and ability to meet the needs of the inmates. Our

results demonstrated that the HIV/AIDS prison management policy in Nigeria was consider a governmental process. Public policy on management of prison inmates in Nigeria has been strengthened through various reform put up by the government to give it a human face. Such effort of government towards HIV/AIDS policy-management is applauded. In spite of these efforts of government, several challenges were identified in the policy. It fails to address the persistent problem of overcrowding, physical structure, torture and other ill-treatment, separation of and situation for women detainees and restriction of medical care among other anomalies in the prison cells in the two states.

RECOMMENDATION

There is a great need for change in the approach of government towards the public policy management issue of HIV/AIDS patients for it to be of any use and not just a paper work.

The government should increase the participation of non-governmental sectors and civil society organizations in the public policy management implementation so that it can identify and address the need of the infected and the vulnerable in the prisons and in the society in general.

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